

IU Health Arnett Foundation

Donation Form for Payroll Deduction

Name of Donor _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

The employee directs IU Health Arnett to deduct \$ _____ from the employee's pay for a one-time deduction on the (date) _____ paycheck.

The employee directs IU Health Arnett to deduct from the employee's pay the amount of \$ _____ from each bi-weekly paycheck (for _____ pays) beginning (date) _____ and concluding with (date) _____ for a total donation of \$ _____.

This payroll deduction is revocable at any time if specified in writing.

PLEASE USE THIS GIFT FOR (CHECK ONE BOX ONLY):

- | | | |
|--|--|---|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Community Initiatives | <input type="checkbox"/> Pediatrics & Neonatal Care |
| <input type="checkbox"/> Cancer Services | <input type="checkbox"/> Education | <input type="checkbox"/> Research |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Hospice Fund | <input type="checkbox"/> Women's Services |
| <input type="checkbox"/> Chaplaincy Fund | <input type="checkbox"/> Orthopedics & Sports Medicine | |

THIS GIFT IS MADE:

In memory of _____

In honor of _____

PLEASE NOTIFY THE FOLLOWING PERSON(S) OF MY GIFT:

Name _____

Address _____

City _____ State _____ ZIP _____

I would like to know how to include the IU Health Arnett Foundation in my estate plan.

I have included the IU Health Arnett Foundation in my estate plan.

Employee Signature

Employee Number

Date

Foundation Signature

Date

Your support helps ensure excellence in local healthcare and improve the quality of life in our community. For additional information contact us at 765.838.4912 or visit iuhealth.org/arnettfoundation. Your gift is tax deductible as provided by law. **Thanks for your support!**

PLEASE COMPLETE AND...

FAX TO: 765.448.7633

EMAIL TO: arnettfoundation@iuhealth.org

MAIL TO: IU Health Arnett Foundation

PO Box 5545

Lafayette, IN 47903



Arnett Foundation